

<p>FORM BXA-621P (REV 10-89)</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE BUREAU OF EXPORT ADMINISTRATION</p> <p style="text-align: center;">REPORT OF REQUEST FOR RESTRICTIVE TRADE PRACTICE OR BOYCOTT SINGLE TRANSACTION</p> <p style="text-align: center;">(For reporting requests described in Part 769 of the Export Administration Regulations)</p> <p>NOTICE OF RIGHT TO PROTECT CERTAIN INFORMATION FROM DISCLOSURE The Export Administration Act permits you to protect from public disclosure information regarding the quantity, description, and value of commodities or technical data supplied in Item 11 of this report and in any accompanying documents. <i>If you do not claim this protection, all of the information in your report and in accompanying documents will be made available for public inspection and copying.</i> You can obtain this protection by certifying, in Item 10 of the report, that disclosure of the information referred to above would place a United States company or individual involved in the report at a competitive disadvantage. If you make such a certification in Item 10, you may remove information regarding the quantity, description, and value of the commodities or technical data supplied by you from Item 11 of the inspection copy of the report form and from the public inspection copies of the accompanying documents. The withholding of this information will be honored by the Department unless the Secretary determines that disclosure of the information would not place a United States company or individual at a competitive disadvantage or that it would be contrary to the national interest to withhold the information.</p>		<p style="text-align: center;">THIS SPACE FOR BXA USE</p> <div style="border: 1px solid black; padding: 5px;"> <p>A BATCH 1 2 3 4 5</p> <p>MONTH/YEAR 6 7 8 9</p> <p>RSN 10 11 12 13 14 15 16 17</p> <p>RTP 18 19 20 21 22 23 24 25 26 27</p> <p>CLASS 28 29 30 31 32 33 34 35 36 37 38 39 40</p> <p>FILING 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60</p> <p>TAG 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80</p> </div> <p><small>This report required by law (50 U.S.C. App. §2407 (b) (2) P.L. 96-72; E.O. 12214; 15 C.F.R. Part (769). Failure to report can result both in criminal penalties, including fines or imprisonment, and administrative sanctions.</small></p>			
<p>Instructions: 1. Complete all items that apply. 2. Assemble original report form and accompanying documents as a unit, and submit intact and unaltered. 3. Assemble and submit the duplicate copy of report form (marked Duplicate (Public Inspection Copy)) and additional copies of accompanying documents (marked with the legend "Public Inspection Copy.") 4. <i>If you certify, in Item 10, that the disclosure of the information specified there would cause competitive disadvantage, edit the "Public Inspection Copy" of the documents submitted to exclude the specified information and remove the bottom of the Duplicate "Public Inspection Copy" of the report form relating to Item 11.</i> Public reporting for this collection of information is estimated to average one hour per request, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Security and Management Support, Bureau of Export Administration, U.S. Department of Commerce, Washington, D.C. 20230; and to the Office of Management and Budget, Paperwork Reduction Project (0694-0012), Washington, D.C. 20503</p>					
<p>1a. Identify firm submitting this report:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State and ZIP: _____</p> <p>Country (if other than USA): _____</p> <p>Telephone: _____</p> <p>Firm Identification No. (if known): _____</p>		<p>Specify firm type:</p> <p><input type="checkbox"/> Exporter</p> <p><input type="checkbox"/> Bank</p> <p><input type="checkbox"/> Forwarder</p> <p><input type="checkbox"/> Carrier</p> <p><input type="checkbox"/> Insurer</p> <p><input type="checkbox"/> Other _____</p>			
<p>2. If you are authorized to report and are reporting on behalf of another U.S. person, identify that person (e.g., domestic subsidiary, controlled Foreign subsidiary, exporter, beneficiary):</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State and ZIP: _____</p> <p>Country (if other than USA): _____</p> <p>Type of firm: (see list in Item 1a) _____</p> <p>Firm Identification No. (if known): _____</p>		<p>1b. Check any applicable box:</p> <p><input type="checkbox"/> Revision of a previous report (attach two copies of the previously submitted report)</p> <p><input type="checkbox"/> Resubmission of a deficient report returned by BXA (attach form letter that was returned with deficient report)</p> <p><input type="checkbox"/> Report on behalf of the person identified in Item 2</p> <p><input type="checkbox"/> Dual report on behalf of self and the person identified in Item 2</p>			
<p>3. Identify exporting firm, unless same as Item 1a or 2:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State and ZIP: _____</p> <p>Country (if other than USA): _____</p> <p>Firm Identification No. (if known): _____</p>		<p>4. (a) Name of boycotting country from which request originated: _____</p> <p>(b) Name of country directing inclusion of request, if different from (a) above: _____</p>			
<p>5. Name of country or countries against which request is directed: _____</p>		<p>6. Reporting firm's reference number (e.g., letter of credit, customer order, invoice): _____</p>			
<p>7. Date firm received request: (use digits for month/day/year) _____</p>		<p>8. Specify type(s) of document conveying the request:</p> <p><input type="checkbox"/> Request to carrier for blacklist certificate (submit two copies of blacklist certificate or transcript of request)</p> <p><input type="checkbox"/> Unwritten, not otherwise provided for (make transcript of request and submit copies)</p>			
<p>9. Decision on request: (Check one)</p> <p><input type="checkbox"/> Have not taken and will not take the action requested.</p> <p><input type="checkbox"/> Have taken or will take the action requested.</p> <p><input type="checkbox"/> Have taken or will take the action requested and claim it is subject to a grace period (attach detailed explanation).</p>		<p><input type="checkbox"/> Letter of credit</p> <p><input type="checkbox"/> Requisition/purchase order/accepted contract/shipping instruction</p> <p><input type="checkbox"/> Bid invitation/tender/proposal/trade opportunity</p> <p><input type="checkbox"/> Questionnaire (not related to a particular dollar value transaction)</p> <p><input type="checkbox"/> Other written (specify) _____</p>			
<p>10. Protection of Certain Information from Disclosure: (Check appropriate boxes and sign below)</p> <p>1. <input type="checkbox"/> I (We) certify that disclosure to the public of the information regarding quantity, description, and value of the commodities or technical data contained in: <input type="checkbox"/> Item 11 below (if you check this box, be sure to remove the bottom of the Duplicate (Public Inspection Copy) of the documents submitted to exclude the specified information.) would place a United States person involved at a competitive disadvantage, and I (We) request that it be kept confidential. <input type="checkbox"/> Attached documents (if you check this box, be sure to edit the "Public Inspection Copy" of the documents submitted to exclude the specified information.) would place a United States person involved at a competitive disadvantage, and I (We) request that it be kept confidential.</p> <p>2. <input type="checkbox"/> I (we) authorize public release of all information contained in the report and in any attached documents. I (We) certify that all statements and information contained in this report are true and correct to the best of my (our) knowledge and belief.</p> <p>Sign here in ink _____ Type or print _____ Date _____</p>					
<p>11. Describe the commodities or technical data involved, and specify quantity and value:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Description</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Quantity:</p> <p>Value to nearest whole dollar \$</p> </td> </tr> </table>				<p>Description</p>	<p>Quantity:</p> <p>Value to nearest whole dollar \$</p>
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ORIGINAL Subject to Office of Antiboycott Compliance, BXA, U.S. Department of Commerce, Room 6096-C, Washington, D.C. 20230

Form Approved: OMB No. 0694-0016 U.S. DEPARTMENT OF COMMERCE BUREAU OF EXPORT ADMINISTRATION			
FORM BXA 647P (REV. 4-98)			
DELIVERY VERIFICATION CERTIFICATE			
Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to The Director of Administration, room 3889, Bureau of Export Administration, U.S. Department of Commerce, Washington, D.C., 20230; and to the Office of Management and Budget Paperwork Reduction Project (0694-0016) Washington, D.C. 20503			
Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number.			
Instructions - When required to obtain a delivery verification, the U.S. Importer shall submit this form in duplicate, to the Customs Office. U.S. importer is required to complete all items on this form except the portion to be completed by the U.S. Customs Service. The Customs Office will certify a Delivery Verification Certificate only after the import has been delivered to the U.S. importer. The duly certified form shall then be dispatched by the U.S. importer to the foreign exporter or otherwise disposed of in accordance with instructions of the exporting country.			
No delivery verification may be obtained unless a completed application form has been received. (50 U.S.C. App § 2401 et seq., 15 C.F.R. § 748)			
EXPORTER (Name and address)	This certification applies to the goods described below, shown on U.S. Department of Commerce International Import Certificate No. _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">ARRIVED (Name of port)</td> <td style="width: 40%; padding: 2px;">DATE OF ARRIVAL</td> </tr> </table>	ARRIVED (Name of port)	DATE OF ARRIVAL
ARRIVED (Name of port)	DATE OF ARRIVAL		
IMPORTER (Name and address)	NAME OF SHIP, AIRCRAFT, OR CARRIER (Include numbers on bills of lading, airway bills, etc.)		
DESCRIPTION OF GOODS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">QUANTITY</td> <td style="width: 50%; padding: 2px;">VALUE (FOB, CIF, etc)</td> </tr> </table>	QUANTITY	VALUE (FOB, CIF, etc)
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">TO BE COMPLETED BY U.S. CUSTOMS SERVICE</td> <td style="width: 50%; padding: 2px;">REGION NO: _____</td> </tr> </table>		TO BE COMPLETED BY U.S. CUSTOMS SERVICE	REGION NO: _____
TO BE COMPLETED BY U.S. CUSTOMS SERVICE	REGION NO: _____		
(Customs's Seal)	CERTIFICATION - It is hereby certified that the importer has produced evidence that the goods specified above have been delivered and brought under the Export Administration Regulations of the United States. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Signature _____</td> <td style="width: 40%; padding: 2px;">Date _____</td> </tr> </table>	Signature _____	Date _____
Signature _____	Date _____		
ENTRY <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> CONSUMPTION	NUMBER _____ DATE _____		

FORM BXA-645P/ATF-4522/DPS-53 (REV 3/98)

Form Approved: OMB No. 0694-0017 - Modèle approuvé: OMB No. 0694-0017

U.S. DEPARTMENT OF COMMERCE Bureau of Export Administration U.S. DEPARTMENT OF THE TREASURY Bureau of Alcohol, Tobacco and Firearms U.S. DEPARTMENT OF STATE Office of Munitions Control	INTERNATIONAL IMPORT CERTIFICATE (CERTIFICAT INTERNATIONAL D'IMPORTATION)						
NOTE: Read instructions on the reverse side before completing and submitting this form. (Lire les instructions au verso avant de remplir et de présenter la présente formule.)	Certificate Number						
1. U.S. Importer/Importateur (Name and address—Nom et adresse)	FOR U.S. GOVERNMENT USE (Réservé pour le Gouvernement des Etats-Unis)						
2. Exporter/Exportateur (Name and address—Nom et adresse)	If this form has been approved by the Department of Commerce or the Department of State, it is not valid unless the official seal of the Department of Commerce, or the Department of State, appears in this space. If this form is approved by the Treasury Department, a seal is not required. (Si ce formulaire a été approuvé par le Ministère du Commerce, ou le Ministère des Affaires Etrangères, il n'est pas valide à moins qu'un sceau officiel du Ministère du Commerce ou du Ministère des Affaires Etrangères soit apposé sur le document. Si ce formulaire est approuvé par le Ministère des Finances, un sceau officiel n'est pas nécessaire.)						
3. Description of goods (Désignation de la Marchandise)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"> TSUS Anno. No. (Numéro de la liste) </td> <td style="width: 33%; text-align: center;"> Quantity (Quantité) </td> <td style="width: 33%; text-align: center;"> Value (Valeur) (FOB, CIF, etc.) </td> </tr> <tr> <td style="height: 100px;"></td> <td></td> <td></td> </tr> </table>	TSUS Anno. No. (Numéro de la liste)	Quantity (Quantité)	Value (Valeur) (FOB, CIF, etc.)			
TSUS Anno. No. (Numéro de la liste)	Quantity (Quantité)	Value (Valeur) (FOB, CIF, etc.)					
4. Representation and undertaking of U.S. importer or principal <p>The undersigned hereby represents that he has undertaken to import into the United States of America under a U.S. Consumption Entry or U.S. Warehouse Entry the commodities in quantities described above, or, if the commodities are not so imported into the United States of America, that he will not divert, transship, or reexport them to another destination except with explicit approval of the Department of Commerce, the Department of State, or the Department of the Treasury, as appropriate. The undersigned also undertakes to notify the appropriate Department immediately of any changes of fact or intention set forth herein. If a delivery verification is required, the undersigned also undertakes to obtain such verification and make disposition of it in accordance with such requirement. Any false statement willfully made in this declaration is punishable by fine and imprisonment. (See experts from U.S. Code on reverse side.)</p> <p>Déclaration et engagement de l'importateur ou du commettant des Etats-Unis</p> <p>Le soussigné déclare par la présente qu'il a pris l'engagement d'importer aux Etats-Unis d'Amérique, en vertu d'une Déclaration américaine de Mise en Consommation, ou d'une Déclaration américaine d'Entrée en entrepôt, la quantité de produits ci-dessus et que, dans le cas où ces produits ne seraient pas ainsi importés aux Etats-Unis d'Amérique, il ne le détournera, ne les transbordera, ni les réexportera à destination d'un autre lieu, si ce n'est avec l'approbation explicite du Ministère du Commerce, du Ministère des Affaires Etrangères ou du Ministère des Finances, comme il est requis. Le soussigné prend également l'engagement d'aviser le Ministère intéressé des Etats-Unis de tous changements survenus dans les actes ou les intentions énoncés dans la présente déclaration. Si demande est faite d'une confirmation de la livraison le soussigné prend également l'engagement d'obtenir cette confirmation et d'en disposer de la manière prescrite par cette demande. Toute faussee déclaration faite intentionnellement expose l'auteur aux pénalités prévues par la loi. (Voir Extrait du Code des Etats-Unis au verso.)</p>							
Type or Print (Prière d'écrire à la machine ou en caractères d'imprimerie)	Type or Print (Prière d'écrire à la machine ou en caractères d'imprimerie)						
Name of Firm or Corporation (Nom de la Firme ou de la Société)	Name and Title of Authorized Official (Nom et titre de l'agent ou employé autorisé)						
Signature of Authorized Official (Signature de l'agent ou employé autorisé)	Date of Signature (Date de la signature)						
This document ceases to be valid unless presented to the competent foreign authorities within six months from its date of issue. (Le présent document perd sa validité s'il n'est pas remis aux autorités étrangères compétentes dans un délai de six mois à compter de sa délivrance.)							
No import certification may be obtained unless this International Import Certificate has been completed and filed with the appropriate U.S. Government agency (Department of Commerce: 50 U.S.C. app. §2411, E.O. 12214 15 C.F.R. §368; Department of the Treasury: 22 U.S.C. §2778, E.O. 11959, 27 C.F.R. §47; Department of State: 22 U.S.C. 2778, 2779, E.O. 11958, 22 C.F.R. §123). Information furnished herewith is subject to the provisions of Section 12(c) of the Export Administration Act of 1979, 50 U.S.C. app. 2411(c), and its unauthorized disclosure is prohibited by law.							
FOR U.S. GOVERNMENT USE (Réservé au Gouvernement des Etats-Unis)							
Certification: This is to certify that the above declaration was made to the U.S. Department of Commerce, State, or Treasury through the undersigned designated official thereof and a copy of this certification is placed in the official files.							
Certification : Il est certifié par la présente que la déclaration ci-dessus a été faite au Ministère du Commerce, des Affaires Etrangères, ou des Finances des Etats-Unis par l'intermédiaire du fonctionnaire autorisé soussigné de ce Ministère et qu'une copie de ce certificat a été conservée dans les archives officielles.							
Designated Commerce, State, or Treasury Official (Fonctionnaire compétent du Ministère du Commerce, d'Etat, ou du Trésor)	Date						

USCOMM DC 89-24414

ORIGINAL COPY

Form Approved: OMB No. 0625-0005	
FORM BXA-648P (REV. 2-68)	U.S. DEPARTMENT OF COMMERCE BUREAU OF EXPORT ADMINISTRATION
NOTIFICATION OF DELIVERY VERIFICATION REQUIREMENT	
Information furnished herewith is subject to the provisions of Section 12 (c) of the Export Administration Act of 1979, 50 U.S.C. app. 2411 (c), and its unauthorized disclosure is prohibited by law. Your failure to complete and return this form along with required delivery verification(s) may subject you to administrative action under the Export Administration Act.	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> IMPORTANT NOTICE <div style="display: flex;"> <div style="width: 45%;"> <p>LICENSEE: You are required to provide the Office of Export Licensing with a document verifying the delivery of each shipment made against the attached license. For your information, instructions on what you must do about obtaining and submitting delivery verification documents will be found on the reverse side of the Duplicate Copy of this Form.</p> </div> <div style="width: 45%;"> <p>AGENT OR FREIGHT FORWARDER: When this Form BXA-648P is attached to a license which has been forwarded by the Office of Export Licensing to an agent or freight forwarder of the licensee, it is the responsibility of the agent or freight forwarder to notify the licensee that verification of delivery is required for exports made against the license.</p> </div> </div> </div> <div style="width: 35%;"> <p>Check Item 1, 2, or 3, as applicable, and complete Item. The ORIGINAL of this form must be return to the Office of Export Licensing, P.O. Box 273, Washington, D.C. 20044, as soon as you have received all delivery verification documents for shipments made against the attached License. (See paragraph A3 on the back of the Duplicate Copy.)</p> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. <input type="checkbox"/> The total quantity authorized for export by this license has been exported and all delivery verification documents are attached hereto.</p> <p>2. <input type="checkbox"/> A part of the quantity authorized for export by this license will not be exported. Delivery verification documents covering all commodities exported are attached hereto.</p> </div> <div style="width: 45%;"> <p>3. <input type="checkbox"/> No shipment has been made against this license and none is contemplated.</p> <p>4. The License:</p> <p style="margin-left: 20px;">a. <input type="checkbox"/> is returned herewith for cancellation.</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Was returned to the Office of Export Licensing as required by 386.2(d) (4) of the Export Administration Regulations.</p> </div> </div>	
Remarks:	
Print or type name of licensee	Print or type name and title of authorized representative
Date signed	Signature of authorized representative

USCOMM-DC 88-24089

(See Instructions on reverse side of Duplicate Copy)

ORIGINAL

INSTRUCTIONS

A. Under the Export Administration Regulations of the United States you are required to:

1. At the time of making each shipment under the attached license, send to your foreign importer a written request for delivery verification. Include in your request the import certificate number shown on the front of this form and ask the foreign importer to make sure that this import certificate number appears on the delivery import verification he receives from his government. Where possible, you shall submit this request together with the related shipping documents.

The foreign importer shall be advised of the terms of the commodity description as shown on the export license, including the unit of measure (i.e., pounds, number, etc.) and/or value of commodities (as applicable) and should be requested to make sure that these same terms are used on the delivery verification. If the Office of Export Licensing is unable to relate the terms shown on the completed delivery verification with the terms on the export license, the delivery verification may be returned to you for clarification.

2. Obtain from the foreign importer a delivery verification which has been issued to him by his government for the commodities described in the attached export license.

Where the full amount licensed has not been or will not be exported, the delivery verification shall be obtained for the amount actually shipped.

If the commodities are exported in partial shipments, you are required to obtain a delivery verification for each partial shipment. Delivery verifications covering partial shipments shall be retained in your files until you have received delivery verifications for all partial shipments made against the attached license.

3. Send the original copies of all delivery verifications covering shipments made under the attached license together with the signed completed original of this Form BXA-648P, in one parcel, to the U.S. Department of Commerce, Bureau of Export Administration, Office of Export Licensing, P.O. Box 273, Washington, D.C. 20044.

If you are unable to obtain a delivery verification within 60 days after the last shipment under this license, immediately notify the Office of Export Licensing, by letter, giving a full explanation and the approximate date you expect to submit the document to the Office of Export Licensing.

B. Please note the following provisions and requirements of the Export Administration Regulations:

1. Paragraph 375.7(a) requires that documents in a foreign language shall be accompanied by an accurate English translation.
2. Paragraph 375.3(i) contains the delivery verification requirement provisions.

A list of addresses where foreign importers may obtain import Certificates and Delivery Verifications is included in Supplement No.1 to Part 375 of the Export Administration Regulations.

* The U.S. Department of Commerce Export Administration Regulations is a compilation of official regulations and policies governing the export licensing of commodities and technical data. This publication and supplementary Export Administration Bulletins may be examined free of charge at any ITA District Office, U.S. Department of Commerce. Paid subscriptions may be placed with the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

FORM BXA-648P (REV. 2-88)

FORM BXA-711 FORM APPROVED: OMB NO. 0694-0088	U.S. DEPARTMENT OF COMMERCE Bureau of Export Administration <small>Information furnished herewith is subject to the provisions of Section 12(c) of the Export Administration Act of 1979, as amended, 50 U.S.C. app. 2411(c), and its unauthorized disclosure is prohibited by law.</small>	DATE RECEIVED (Leave Blank)
STATEMENT BY ULTIMATE CONSIGNEE AND PURCHASER		
1. ULTIMATE CONSIGNEE		CITY
ADDRESS LINE 1		COUNTRY
ADDRESS LINE 2		POSTAL CODE TELEPHONE OR FAX
2. DISPOSITION OR USE OF ITEMS BY ULTIMATE CONSIGNEE NAMED IN BLOCK 1 We certify that the items:		
A. <input type="checkbox"/> Will be used by us (as capital equipment) in the form in which received in a manufacturing process in the country named in Block 1 and will not be reexported or incorporated into an end product.		
B. <input type="checkbox"/> Will be processed or incorporated by us into the following product(s) _____ to be manufactured in the country named in Block 1 for distribution in _____		
C. <input type="checkbox"/> Will be resold by us in the form in which received in the country named in Block 1 for use or consumption therein. The specific end-use by my customer will be _____		
D. <input type="checkbox"/> Will be reexported by us in the form in which received to _____		
E. <input type="checkbox"/> Other (describe fully) _____		
<small>NOTE: If BOX (D) is checked, acceptance of this form by the Bureau of Export Administration as a supporting document for license applications shall not be construed as an authorization to reexport the items to which the form applies unless specific approval has been obtained from the Bureau of Export Administration for such reexport.</small>		
3. NATURE OF BUSINESS OF ULTIMATE CONSIGNEE NAMED IN BLOCK 1		
A. The nature of our usual business is _____		
B. Our business relationship with the U.S. exporter is _____ and we have had this business relationship for _____ year(s).		
4. ADDITIONAL INFORMATION		
5. ASSISTANCE IN PREPARING STATEMENT		
STATEMENT OF ULTIMATE CONSIGNEE AND PURCHASER <small>We certify that all of the facts contained in this statement are true and correct to the best of our knowledge and we do not know of any additional facts which are inconsistent with the above statement. We shall promptly send a supplemental statement to the U.S. Exporter, disclosing any change of facts or intentions set forth in this statement which occurs after the statement has been prepared and forwarded. Except as specifically authorized by the U.S. Export Administration Regulations (15 CFR Parts 730-774), or by prior written approval of the Bureau of Export Administration, we will not reexport, resell, or otherwise dispose of any items approved on a license supported by this statement: (1) to any country not approved for export as brought to our attention by means of a bill of lading, commercial invoice, or any other means; or (2) to any person if we know that it will result directly or indirectly, in disposition of the items contrary to the representations made in this statement or contrary to Export Administration Regulations.</small>		
6. SIGNATURE OF OFFICIAL OF ULTIMATE CONSIGNEE		7. NAME OF PURCHASER
NAME OF OFFICIAL		SIGNATURE OF OFFICIAL OF PURCHASER
TITLE OF OFFICIAL		NAME OF OFFICIAL
DATE		TITLE OF OFFICIAL
CERTIFICATION FOR USE OF U.S. EXPORTER <small>We certify that no corrections, additions, or alterations were made on this form by us after the form was signed by the (ultimate consignee)(purchaser).</small>		DATE
8. NAME OF EXPORTER		SIGNATURE OF PERSON AUTHORIZED TO CERTIFY FOR EXPORTER
NAME OF PERSON SIGNING THIS DOCUMENT		TITLE OF PERSON SIGNING THIS DOCUMENT DATE
We acknowledge that the making of any false statements or concealment of any material fact in connection with this statement may result in imprisonment or fine, or both and denial, in whole or in part, of participation in U.S. exports and reexports.		
<small>Public reporting burden for this collection of information is estimated to average 15 minutes per response plus one minute for recordkeeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to The Director of Administration, Room 3889, Bureau of Export Administration, U.S. Department of Commerce, Washington, D.C. 20230; and to the Office of Management and Budget Paperwork Reduction Project (0694-0021), Washington, D.C. 20503.</small>		
<small>Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number.</small>		

USCOMM-DC 96-24082

B FORM BXA-748P FORM APPROVED: OMB NO. 0694-0088, 0694-0089		U.S. DEPARTMENT OF COMMERCE Bureau of Export Administration MULTIPURPOSE APPLICATION <small>Information furnished herewith is subject to the provisions of Section 12(c) of the Export Administration Act of 1979, as amended, 50 U.S.C. app. 2411(c), and its unauthorized disclosure is prohibited by law.</small>		DATE RECEIVED (Leave Blank) X	
1. CONTACT PERSON		APPLICATION CONTROL NUMBER This is NOT an export license number		4. DATE OF APPLICATION	
2. TELEPHONE					
3. FACSIMILE					
5. TYPE OF APPLICATION		6. DOCUMENTS SUBMITTED WITH APPLICATION		7. DOCUMENTS ON FILE WITH APPLICANT	
<input type="checkbox"/> EXPORT <input type="checkbox"/> REEXPORT <input type="checkbox"/> CLASSIFICATION REQUEST <input type="checkbox"/> SPECIAL COMPREHENSIVE LICENSE <input type="checkbox"/> OTHER		<input type="checkbox"/> BXA-748P-A <input type="checkbox"/> BXA-748P-B <input type="checkbox"/> BXA-711 <input type="checkbox"/> IMPORT/END-USER CERTIFICATE <input type="checkbox"/> TECH. SPECS.		<input type="checkbox"/> LETTER OF EXPLANATION <input type="checkbox"/> FOREIGN AVAILABILITY <input type="checkbox"/> OTHER <input type="checkbox"/> BXA-711 <input type="checkbox"/> LETTER OF ASSURANCE <input type="checkbox"/> IMPORT/END-USER CERTIFICATE <input type="checkbox"/> NUCLEAR CERTIFICATION <input type="checkbox"/> OTHER	
				8. SPECIAL COMPREHENSIVE LICENSE	
				<input type="checkbox"/> BXA-752 OR BXA-752-A <input type="checkbox"/> INTERNAL CONTROL PROGRAM <input type="checkbox"/> COMPREHENSIVE NARRATIVE <input type="checkbox"/> CERTIFICATIONS <input type="checkbox"/> OTHER	
9. SPECIAL PURPOSE					
10. RESUBMISSION APPLICATION CONTROL NUMBER		11. REPLACEMENT LICENSE NUMBER		12. FOR ITEM(S) PREVIOUSLY EXPORTED, PROVIDE LICENSE EXCEPTION SYMBOL OR LICENSE NUMBER	
13. IMPORT/END-USER CERTIFICATE COUNTRY:		NUMBER:			
14. APPLICANT			15. OTHER PARTY AUTHORIZED TO RECEIVE LICENSE		
ADDRESS LINE 1			ADDRESS LINE 1		
ADDRESS LINE 2			ADDRESS LINE 2		
CITY	POSTAL CODE	CITY	POSTAL CODE		
STATE/COUNTRY	EMPLOYER IDENTIFICATION NUMBER	STATE/COUNTRY	TELEPHONE OR FAX		
16. PURCHASER			17. INTERMEDIATE CONSIGNEE		
ADDRESS LINE 1			ADDRESS LINE 1		
ADDRESS LINE 2			ADDRESS LINE 2		
CITY	POSTAL CODE	CITY	POSTAL CODE		
COUNTRY	TELEPHONE OR FAX	COUNTRY	TELEPHONE OR FAX		
18. ULTIMATE CONSIGNEE			19. END-USER		
ADDRESS LINE 1			ADDRESS LINE 1		
ADDRESS LINE 2			ADDRESS LINE 2		
CITY	POSTAL CODE	CITY	POSTAL CODE		
COUNTRY	TELEPHONE OR FAX	COUNTRY	TELEPHONE OR FAX		
20. ORIGINAL ULTIMATE CONSIGNEE			21. SPECIFIC END-USE		
ADDRESS LINE 1					
ADDRESS LINE 2					
CITY	POSTAL CODE				
COUNTRY	TELEPHONE OR FAX				
22. (a) ECCN		(b) CTP		(c) MODEL NUMBER	
(e) QUANTITY		(f) UNITS		(g) UNIT PRICE	
				(h) TOTAL PRICE	
				(i) MANUFACTURER	
				(d) CCATS NUMBER	
				23. TOTAL APPLICATION DOLLAR VALUE	
				\$	
(j) TECHNICAL DESCRIPTION 					
24. ADDITIONAL INFORMATION					
<small>For all applications: I certify that to the best of my knowledge, all the information on this form is true and correct, and that it conforms to the instructions accompanying this form and the Export Administration Regulations. For license applications: I certify or agree, as appropriate that (a) to the best of my knowledge all statements in this application, including the description of the commodities, software or technology and their end-uses, and any documents submitted in support of this application are correct and complete and that they fully and accurately disclose all the terms of the order and other facts of the transaction; (b) I will retain records pertaining to this transaction and make them available as required by the Export Administration Regulations; (c) I will report promptly to the Bureau of Export Administration any material changes in the terms of the order or other facts or intentions of the transaction as reflected in this application and supporting documents, whether the application is still under consideration or a license has been granted; and (d) if the license is granted, I will be strictly accountable for its use in accordance with the Export Administration Regulations and all the terms and conditions of the license. A number of the parts of this form include certifications based on a person's knowledge. As defined in Part 748 of the Export Administration Regulations, "knowledge" of a circumstance includes not only positive knowledge that the circumstance exists or is substantially certain to occur, but also an awareness of a high probability of its existence or future occurrence. Such awareness is inferred from evidence of the conscious disregard of facts known to a person and is also inferred from a person's willful avoidance of facts.</small>					
25. SIGNATURE (of person authorized to execute this application)		NAME OF SIGNER		TITLE OF SIGNER	
<small>This license application and any license issued pursuant thereto are expressly subject to all rules and regulations of the Bureau of Export Administration. Making any false statement or concealing any material fact in connection with this application or altering in any way the license issued is punishable by imprisonment or fine, or both, and by denial of export privileges under the Export Administration Act of 1979, as amended, and any other applicable Federal statutes. No license will be issued unless this form is completed and submitted in accordance with Export Administration Regulation.</small>					
X		X		ORIGINAL B	

USCOMM-DC 96-24024

FORM BXA-748P
FORM APPROVED: OMB NO. 0694-0088,0694-0089

U.S. DEPARTMENT OF COMMERCE
Bureau of Export Administration

MULTIPURPOSE APPLICATION FORM

GENERAL INSTRUCTIONS

A. USE OF THIS FORM. Use this form to submit either a Classification request or an application for a license to Export or Reexport items subject to the export licensing authority of the U. S. Department of Commerce.

B. WHO MAY APPLY. Anyone may submit a classification request or a license application for the reexport of commodities, software, or technology. License applications for the export of items from the United States may be made only by a person subject to the jurisdiction of the United States. An application may be made on behalf of a person not subject to the jurisdiction of the United States by an authorized agent in the United States. Refer to §748.5 of the Export Administration Regulations (EAR) for additional information.

C. WHAT TO SUBMIT. Consult part 748 of the EAR for instructions on documentation that you may need to submit with your application. Remove this cover page along with the last page of this application and firmly attach any required support documentation. (Do not separate the remaining pages in this package and note the Application Control Number on all attached support documents.) This last page contains your Application Control Number, necessary to track your application during processing at the Bureau of Export Administration (BXA). Refer to §750.5 of the EAR for additional information on these services.

D. DUPLICATE APPLICATIONS. You may not submit a second application for a license covering the same proposed transaction while your first application is pending with BXA.

E. ASSISTANCE AND ADDITIONAL COPIES. To order small quantities of this form, or to request assistance on this or other export control matters, contact the Exporter Counseling Division on (202) 482-4811 or BXA's Western Regional Office in Newport Beach, California on (714) 660-0144 or Santa Clara, California on (408) 748-7450. Copies may also be obtained from any U.S. Department of Commerce, International Trade Administration District Office. To order large quantities of this form, write BXA's Operations Support Division, P.O. Box 273, Washington, D.C. 20044, telephone (202) 482-3332, or fax (202) 219-9179.

F. COMPLIANCE WITH THE EAR. Additional information necessary to properly complete and file this application is contained in the EAR, codified at 15 CFR 730 et seq, with changes published in the Federal Register. BXA also publishes a looseleaf version of the EAR, with changes issued in the form of supplements titled Export Administration Bulletins and offers the EAR on-line. If you wish to subscribe to the print or electronic version of the EAR, contact the United States Government Information, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954; or by telephone (202) 512-1800; or by facsimile (202) 512-2250.

SPECIFIC INSTRUCTIONS

This application will be processed using an Optical Character Recognition (OCR) System. Type using 10 or 12 pitch. Do not use script type faces. Information must be placed within the space provided. Do not go through or outside lines. Failure to complete the form as requested will significantly delay processing of the form and could result in the return of your application. If a Block or Box does not apply to your application, leave it blank.

All information must be legibly typed within the lines for each Block or Box except where a signature is required. Enter only one typed line of text per block or line. Where there is a choice of entering telephone numbers or facsimile numbers, and you wish to provide a facsimile number instead of a telephone number, identify the facsimile number with the letter "F" immediately after the number (e.g., 011-358-0-123456F).

If you are completing this form to request classification of your item, you must complete Blocks 1 through 5, 14, 22(a), (b), (c), (d), and (l), 24 and 25 only.

- Block 1: CONTACT PERSON.** Enter the name of the person who can answer questions concerning the application.
- Block 2: TELEPHONE.** Enter the telephone number of the person who can answer questions concerning the application.
- Block 3: FACSIMILE.** Enter the facsimile number, if available, of the person who can answer questions concerning the application.
- Block 4: DATE OF APPLICATION.** Enter the current date.
- Block 5: TYPE OF APPLICATION. Export.** If the items are located within the United States, and you wish to export those items, mark the Box labeled "Export" with an (X). **Reexport.** If the items are located outside the United States, mark the Box labeled "Reexport" with an (X). **Classification.** If you are requesting BXA to classify your item against the Commerce Control List (CCL), mark the Box labeled "Classification Request" with an (X). **Special Comprehensive License.** If you are submitting a Special Comprehensive License in accordance with procedures described in part 752 of the EAR, mark the Box labeled "Special Comprehensive License" with an (X).
- Block 6: DOCUMENTS SUBMITTED WITH APPLICATION.** Review the documentation you are required to submit with your application in accordance with the provisions of part 748 of the EAR, and mark all applicable Boxes with an (X).
Mark the "Foreign Availability" Box with an (X) if you are submitting an assertion of foreign availability with your license application. See part 768 of the EAR for instructions on foreign availability submissions.
Mark the "Tech. Specs." Box with an (X) if you are submitting descriptive literature, brochures, technical specifications, etc. with your application.
- Block 7: DOCUMENTS ON FILE WITH APPLICANT.** Certify that you have retained on file all applicable documents as required by the provisions of part 748 of the EAR by placing an (X) in the appropriate Box(es).
- Block 8: SPECIAL COMPREHENSIVE LICENSE.** Complete this Block only if you are submitting an application for a Special Comprehensive License in accordance with part 752 of the EAR.
- Block 9: SPECIAL PURPOSE.** Complete this Block for certain items or types of transactions only if specifically required in Supplement No. 2 to part 748 of the EAR.
- Block 10: RESUBMISSION APPLICATION CONTROL NUMBER.** If your original application was returned without action (RWA), provide the Application Control Number and complete Blocks 1 through 25. This does not apply to applications returned for additional information.
- Block 11: REPLACEMENT LICENSE NUMBER.** If you have received a license for identical items to the same ultimate consignee, but would like to make a modification that is not excepted in §750.7(c) of the EAR, to the license as originally approved, enter the original license number and complete remaining Blocks 12 through 25, whichever applicable.
- Block 12: ITEMS PREVIOUSLY EXPORTED.** This Block should be completed only if you have marked the "Reexport" box in Block 5. Enter the License number, License Exception symbol (for exports under General Licenses, enter the appropriate General License symbol), or other authorization under which the items were originally exported, if known.
- Block 13: IMPORT/END-USER CERTIFICATE.** Enter the name of the country and number of the Import or End-user Certificate obtained in accordance with the provisions of part 748 of the EAR.
- Block 14: APPLICANT.** Enter the applicant's name, street address, city, state/country, and postal code. Provide a complete street address. P.O. Boxes are not acceptable. Refer to §748.5(a) of EAR for a definition of "Applicant". If you have marked "Export" in Block 5, you must include your company's Employer Identification Number unless you are filing as an individual or as an agent on behalf of the exporter. The Employer Identification Number is assigned by the Internal Revenue Service for tax identification purposes. Accordingly, you should consult your company's financial officer or accounting division to obtain this number.
- Block 15: OTHER PARTY AUTHORIZED TO RECEIVE LICENSE.** If you would like BXA to transmit the approved license to another party designated by you, complete all information in this Block, including name, street address, city, state/country, postal code and telephone number. Leave this space blank if the license is to be sent to the applicant. Designation of another party to receive the license does not alter the responsibilities of the applicant.
- Block 16: PURCHASER.** Enter the purchaser's complete name, complete street address, city, country, postal code and telephone or facsimile number. Refer to §748.5(c) of the EAR for a definition of "purchaser". If the purchaser is also the ultimate consignee, enter complete name and address.

SEE CONTINUATION OF SPECIFIC INSTRUCTIONS ON REVERSE SIDE

- Block 17: INTERMEDIATE CONSIGNEE.** Enter the intermediate consignee's name, street address, city, country, postal code and telephone or facsimile number. Refer to §748.5(d) of the EAR for a definition of "intermediate consignee". If this party is identical to that listed in Block 16, enter complete name and address. If your proposed transaction involves use of more than one intermediate consignee, provide the same information in Block 24 for each additional intermediate consignee.
- Block 18: ULTIMATE CONSIGNEE.** This Block must be completed if you are submitting a license application. Enter the ultimate consignee's complete name, street address, city, country, postal code and telephone or facsimile number. Provide a complete street address. P.O. Boxes are not acceptable. The ultimate consignee is the party who will actually receive the material for the end-use designated in Block 21. Refer to §748.5(e) of the EAR for the definition of "ultimate consignee". A bank, freight forwarder, forwarding agent, or other intermediary may not be identified as the ultimate consignee. Government purchasing organizations are the sole exception to this requirement. This type of entity may be identified as the government entity that is the actual ultimate consignee in those instances when the items are to be transferred to a government entity that is the actual end-user, provided the actual end-use and end-user is clearly identified in Block 21 or in additional documentation attached to the application.
- If your application is for the reexport of items previously exported, enter the new ultimate consignee's complete name, street address, city, country, postal code and telephone or facsimile number. Provide a complete street address. P.O. Boxes are not acceptable. If your application involves a temporary export, or reexport, the applicant should be shown as the ultimate consignee in care of (i.e.C/O) a person or entity who will have control over the items abroad.
- Block 19: END-USER.** Complete this Block only if the ultimate consignee identified in Block 18 is not the actual end user. If there will be more than one end-user, use Form BXA-748-P-B to identify each additional end-user. Enter each end-user's complete name, street address, city, country, postal code and telephone or facsimile number. Provide a complete street address. P.O. Boxes are not acceptable.
- Block 20: ORIGINAL ULTIMATE CONSIGNEE.** If your application involves the reexport of items previously exported, enter the original ultimate consignee's complete name, street address, country, postal code and telephone or facsimile number. Provide a complete street address. P.O. Boxes are not acceptable. The original ultimate consignee is the entity identified in the original application for export as the ultimate consignee or the party currently in possession of the items.
- Block 21: SPECIFIC END-USE** This Block must be completed if you are submitting a license application. Provide a complete and detailed description of the end-use intended by the ultimate consignee and/or end-user(s). If you are requesting approval of a reexport, provide a complete and detailed description of the end-use intended by the new ultimate consignee or end-user(s) and indicate any other countries for which resale or reexport is requested. If additional space is necessary, use Block 21 on Form BXA-748P-A or B. Be specific. Such vague descriptions as "research", "manufacturing", or "scientific uses" are not acceptable.
- Block 22: FOR A LICENSE APPLICATION YOU MUST COMPLETE EACH OF THE SUB-BLOCKS CONTAINED IN THIS BLOCK.** If you are submitting a classification request, you need not complete Blocks (e), (f), (g), and (h). If you wish to export, reexport or have BXA classify more than one item, use Form, BXA-748P-A for additional items.
- (a) **ECCN.** Enter the Export Control Classification Number (ECCN) that corresponds to the item you wish to export or reexport. If you are asking BXA to classify your item, provide a recommended classification for the item in this Block.
 - (b) **CTP.** You must complete this Block if your application involves a digital computer or equipment containing a digital computer as described in Supplement No. 2 to part 748 of the EAR. Instructions on calculating the CTP are contained in a Technical Note at the end of Category 4 in the CCL.
 - (c) **MODEL NUMBER.** Enter the correct model number for the item.
 - (d) **CCATS NUMBER.** If you have received a classification for this item from BXA, provide the CCATS number, shown on the classification issued by BXA.
 - (e) **QUANTITY.** Identify the quantity to be exported or reexported, in terms of the "Unit" identified for the ECCN entered in Block 22(a). If the "Unit" for an item is "\$ Value", enter the units commonly used in trade.
 - (f) **UNITS.** The "Unit of Measure" paragraph within each ECCN will list a specific "Unit" for those items controlled by the entry. The "Unit" must be entered on all license applications submitted to BXA. If an item is licensed in terms of "\$ Value", the unit of quantity commonly used in the trade must also be shown on the license application. This may be left blank on license applications only if the "Unit" for the ECCN entered in Block 22(a) is shown as "N/A" on the CCL.
 - (g) **UNIT PRICE.** Provide the fair market value of the items you wish to export or reexport. Round all prices to the nearest whole dollar amount. Give the exact unit price only if the value is less than \$0.50. If normal trade practices make it impractical to establish a firm contract price, state in Block 24 the precise items upon which the price is to be ascertained and from which the contract price may be objectively determined.
 - (h) **TOTAL PRICE.** Provide the total price of the item(s) described in Block 22(j).
 - (i) **MANUFACTURER.** Provide the name only of the manufacturer, if known, for each of the items you wish to export, reexport, or have BXA classify, if different from the applicant.
 - (j) **TECHNICAL DESCRIPTION.** Provide a description of the item(s) you wish to export, reexport, or have BXA classify. Provide details when necessary to identify the specific item(s), and include all characteristics or parameters shown in the applicable ECCN using measurements identified in the ECCN (e.g., basic ingredients, composition, electrical parameters, size gauge, grade, horsepower, etc.). These characteristics must be identified for the items in the proposed transaction when they are different from the characteristics described in a promotional brochure.
- Block 23: TOTAL APPLICATION VALUE.** Enter the total value of all items contained on the application in U.S. Dollars. The use of other currencies is not acceptable.
- Block 24: ADDITIONAL INFORMATION.** Enter additional data pertinent to the application as required in the EAR. Include special certifications, names of parties in interest not disclosed elsewhere, explanation of documents attached, etc. Do not include information concerning Block 22 in this space.
- If your application represents a previously denied application, you must provide the Application Control Number from the original application.
- If you are asking BXA to classify your product, use this space to explain why you believe the ECCN entered in Block 22(a) is appropriate. This explanation must contain an analysis of the item in terms of the technical control parameters specified in the appropriate ECCN. If you have not identified a recommended classification in Block 22(a), you must state the reason you cannot determine the appropriate classification, identifying any ambiguities or deficiencies in the regulations that precluded you from determining the correct classification.
- If additional space is necessary, use Block 24 on Form BXA-748P-A or B.
- Block 25: SIGNATURE.** You as the applicant, or a duly authorized agent of the applicant, must manually sign in this Block. Rubber-stamped or automated signatures are not acceptable. If you are an agent of the applicant, in addition to providing your name in this Block you must enter your company's name in Block 24. Type both your name and title in the spaces provided.

MAIL APPLICATION TO:
OFFICE OF EXPORTER SERVICES
P.O. BOX 273
WASHINGTON, D.C. 20044

COURIER DELIVERIES TO:
OFFICE OF EXPORTER SERVICES
ROOM 2705
14TH & PENNSYLVANIA AVE., N.W.
WASHINGTON, D.C. 20230

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Robert F. Kugleman, Director of Administration, U.S. Department of Commerce, Bureau of Export Administration, Room 3889, Washington, D.C. 20230

INCOMPLETE APPLICATIONS WILL BE RETURNED FOR THE NECESSARY INFORMATION AND/OR DOCUMENTATION. DETACH THIS SHEET AT PERFORATION

EXPORT LICENSE

EXPORT LICENSE NO.: A030043 VALIDATED: 7/19/88 EXPIRATION DATE: 7/31/90		UNITED STATES DEPARTMENT OF COMMERCE BUREAU OF EXPORT ADMINISTRATION P.O. BOX 273 BEN FRANKLIN STATION WASHINGTON, D.C. 20044																					
CONSIGNEE IN COUNTRY OF ULTIMATE DESTINATION: ABU DHABI TRADING ESTABLISHMENT 2345 LIAM DUK WAY ABU DHABI, UNITED ARAB EMIRATES LICENSEE: A P CIRCUIT CORPORATION 513 EAST 86 STREET NEW YORK, NY 10028 PROCESSING CODE: CS COMMODITIES:		APPLICANT'S REFERENCE NO.: A030043 PURCHASER: AEG TELEFUNKEN STEINHOFPT 9 HAMBURG, WEST GERMANY INTERMEDIATE CONSIGNEE: ZINCOR INFOSYSTEMS, INC. 4456 PASQUATCH LET BOMBAY, INDIA																					
<table border="1"> <thead> <tr> <th>QUANTITY</th> <th>DESCRIPTION</th> <th>ECCN</th> <th>UNIT PRICE</th> <th>TOTAL PRICE</th> </tr> </thead> <tbody> <tr> <td>50 EACH</td> <td>MODEL 2345 6.50 MATH COPROCESSORS</td> <td>1565</td> <td>14000.00</td> <td>700000.00</td> </tr> <tr> <td>2 EACH</td> <td>MCS68 3.40 HUMPHRY ANALYZERS</td> <td>1565</td> <td>30000.00</td> <td>60000.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL:</td> <td colspan="2">760000</td> </tr> </tbody> </table>	QUANTITY	DESCRIPTION	ECCN	UNIT PRICE	TOTAL PRICE	50 EACH	MODEL 2345 6.50 MATH COPROCESSORS	1565	14000.00	700000.00	2 EACH	MCS68 3.40 HUMPHRY ANALYZERS	1565	30000.00	60000.00	TOTAL:			760000		<div style="text-align: center; font-size: 2em; opacity: 0.5;">VOID</div>		
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TOTAL:			760000																				
<p>THE EXPORT ADMINISTRATION REGULATIONS REQUIRE YOU TO TAKE THE FOLLOWING ACTIONS WHEN EXPORTING UNDER THE AUTHORITY OF THIS LICENSE.</p> <ol style="list-style-type: none"> RECORD THE EXPORT CONTROL COMMODITY NUMBER IN PARENTHESES DIRECTLY BELOW THE CORRESPONDING SCHEDULE B NUMBER ON EACH SHIPPERS EXPORT DECLARATION (SED). RECORD YOUR LICENSE NUMBER IN THE COMMODITY DESCRIPTION COLUMN ON EACH SED. PLACE A DESTINATION CONTROL STATEMENT ON ALL BILLS OF LADING, AIRWAY BILLS, AND COMMERCIAL INVOICES. <p>THIS LICENSE AUTHORIZES THE LICENSEE TO CARRY OUT THE EXPORT TRANSACTION DESCRIBED ON THE LICENSE (INCLUDING ALL ATTACHMENTS). IT MAY NOT BE TRANSFERRED WITHOUT PRIOR WRITTEN APPROVAL OF THE BUREAU OF EXPORT ADMINISTRATION. THIS LICENSE HAS BEEN GRANTED IN RELIANCE ON REPRESENTATIONS MADE BY THE LICENSEE AND OTHERS IN CONNECTION WITH THE APPLICATION FOR EXPORT AND IS EXPRESSLY SUBJECT TO ANY CONDITIONS STATED ON THE LICENSE, AS WELL AS ALL APPLICABLE EXPORT CONTROL LAWS, REGULATIONS, RULES, AND ORDERS. THIS LICENSE IS SUBJECT TO REVISION, SUSPENSION, OR REVOCATION WITHOUT PRIOR NOTICE.</p>																							

C FORM BXA-748P-A FORM APPROVED: OMB NO. 0694-0088, 0694-0089		U.S. DEPARTMENT OF COMMERCE Bureau of Export Administration ITEM APPENDIX		DATE RECEIVED (Leave Blank)		X
1. APPLICATION CONTROL NUMBER (Insert from BXA-748P)		Information furnished herewith is subject to the provisions of Section 12(c) of the Export Administration Act of 1979, as amended, 50 U.S.C. app. 2411(c), and its unauthorized disclosure is prohibited by law.			2. SUBTOTAL	
22. (a) ECCN	(b) CTP	(c) MODEL NUMBER		(d) CCATS NUMBER		
(e) QUANTITY	(f) UNITS	(g) UNIT PRICE	(h) TOTAL PRICE	(i) MANUFACTURER		
(j) TECHNICAL DESCRIPTION						
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(e) QUANTITY	(f) UNITS	(g) UNIT PRICE	(h) TOTAL PRICE	(i) MANUFACTURER		
(j) TECHNICAL DESCRIPTION						
21. CONTINUATION OF SPECIFIC END-USE INFORMATION						
24. CONTINUATION OF ADDITIONAL INFORMATION						
X	X			ORIGINAL		C

D FORM BXA-748P-B FORM APPROVED; OMB NO. 0694-0088,0694-0089		U.S. DEPARTMENT OF COMMERCE Bureau of Export Administration		DATE RECEIVED (Leave Blank)		X	
END-USER APPENDIX		Information furnished herewith is subject to the provisions of Section 12(c) of the Export Administration Act of 1979, as amended, 50 U.S.C. app. 2411(c) and its unauthorized disclosure is prohibited by law.					
1. APPLICATION CONTROL NUMBER (Insert from BXA-748P)							
19. END-USER				19. END-USER			
ADDRESS LINE 1				ADDRESS LINE 1			
ADDRESS LINE 2				ADDRESS LINE 2			
CITY		POSTAL CODE		CITY		POSTAL CODE	
COUNTRY		TELEPHONE OR FAX		COUNTRY		TELEPHONE OR FAX	
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ADDRESS LINE 2				ADDRESS LINE 2			
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19. END-USER				19. END-USER			
ADDRESS LINE 1				ADDRESS LINE 1			
ADDRESS LINE 2				ADDRESS LINE 2			
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ADDRESS LINE 2				ADDRESS LINE 2			
CITY		POSTAL CODE		CITY		POSTAL CODE	
COUNTRY		TELEPHONE OR FAX		COUNTRY		TELEPHONE OR FAX	
19. END-USER				19. END-USER			
ADDRESS LINE 1				ADDRESS LINE 1			
ADDRESS LINE 2				ADDRESS LINE 2			
CITY		POSTAL CODE		CITY		POSTAL CODE	
COUNTRY		TELEPHONE OR FAX		COUNTRY		TELEPHONE OR FAX	
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ADDRESS LINE 2				ADDRESS LINE 2			
CITY		POSTAL CODE		CITY		POSTAL CODE	
COUNTRY		TELEPHONE OR FAX		COUNTRY		TELEPHONE OR FAX	
19. END-USER				19. END-USER			
ADDRESS LINE 1				ADDRESS LINE 1			
ADDRESS LINE 2				ADDRESS LINE 2			
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19. END-USER				19. END-USER			
ADDRESS LINE 1				ADDRESS LINE 1			
ADDRESS LINE 2				ADDRESS LINE 2			
CITY		POSTAL CODE		CITY		POSTAL CODE	
COUNTRY		TELEPHONE OR FAX		COUNTRY		TELEPHONE OR FAX	
19. END-USER				19. END-USER			
ADDRESS LINE 1				ADDRESS LINE 1			
ADDRESS LINE 2				ADDRESS LINE 2			
CITY		POSTAL CODE		CITY		POSTAL CODE	
COUNTRY		TELEPHONE OR FAX		COUNTRY		TELEPHONE OR FAX	
19. END-USER				19. END-USER			
ADDRESS LINE 1				ADDRESS LINE 1			
ADDRESS LINE 2				ADDRESS LINE 2			
CITY		POSTAL CODE		CITY		POSTAL CODE	
COUNTRY		TELEPHONE OR FAX		COUNTRY		TELEPHONE OR FAX	
19. END-USER				19. END-USER			
ADDRESS LINE 1				ADDRESS LINE 1			
ADDRESS LINE 2				ADDRESS LINE 2			
CITY		POSTAL CODE		CITY		POSTAL CODE	
COUNTRY		TELEPHONE OR FAX		COUNTRY		TELEPHONE OR FAX	
19. END-USER				19. END-USER			
ADDRESS LINE 1				ADDRESS LINE 1			
ADDRESS LINE 2				ADDRESS LINE 2			
CITY		POSTAL CODE		CITY		POSTAL CODE	
COUNTRY		TELEPHONE OR FAX		COUNTRY		TELEPHONE OR FAX	
19. END-USER				19. END-USER			
ADDRESS LINE 1				ADDRESS LINE 1			
ADDRESS LINE 2				ADDRESS LINE 2			
CITY		POSTAL CODE		CITY		POSTAL CODE	
COUNTRY		TELEPHONE OR FAX		COUNTRY		TELEPHONE OR FAX	
19. END-USER				19. END-USER			
ADDRESS LINE 1				ADDRESS LINE 1			
ADDRESS LINE 2				ADDRESS LINE 2			
CITY		POSTAL CODE		CITY		POSTAL CODE	
COUNTRY		TELEPHONE OR FAX		COUNTRY		TELEPHONE OR FAX	
19. END-USER				19. END-USER			
ADDRESS LINE 1				ADDRESS LINE 1			
ADDRESS LINE 2				ADDRESS LINE 2			
CITY		POSTAL CODE		CITY		POSTAL CODE	
COUNTRY		TELEPHONE OR FAX		COUNTRY		TELEPHONE OR FAX	
19. END-USER				19. END-USER			
ADDRESS LINE 1				ADDRESS LINE 1			
ADDRESS LINE 2				ADDRESS LINE 2			
CITY		POSTAL CODE		CITY		POSTAL CODE	
COUNTRY		TELEPHONE OR FAX		COUNTRY		TELEPHONE OR FAX	
19. END-USER				19. END-USER			
ADDRESS LINE 1				ADDRESS LINE 1			
ADDRESS LINE 2				ADDRESS LINE 2			
CITY		POSTAL CODE		CITY		POSTAL CODE	
COUNTRY		TELEPHONE OR FAX		COUNTRY		TELEPHONE OR FAX	
19. END-USER				19. END-USER			
ADDRESS LINE 1				ADDRESS LINE 1			
ADDRESS LINE 2				ADDRESS LINE 2			
CITY		POSTAL CODE		CITY		POSTAL CODE	
COUNTRY		TELEPHONE OR FAX		COUNTRY		TELEPHONE OR FAX	
19. END-USER				19. END-USER			
ADDRESS LINE 1				ADDRESS LINE 1			
ADDRESS LINE 2				ADDRESS LINE 2			
CITY		POSTAL CODE		CITY		POSTAL CODE	
COUNTRY		TELEPHONE OR FAX		COUNTRY			

LISCOMM-DC 98-24020

F FORM BXA-752 FORM APPROVED: OMB NO. 0694-0089	U.S. DEPARTMENT OF COMMERCE Bureau of Export Administration	DATE RECEIVED (Leave Blank) X
STATEMENT BY CONSIGNEE IN SUPPORT OF SPECIAL COMPREHENSIVE LICENSE		
1. APPLICATION CONTROL NUMBER (Insert from BXA-748F)	2. CONSIGNEE ID NUMBER (Leave Blank)	Information furnished herewith is subject to the provisions of Section 12(c) of the Export Administration Act of 1978, as amended, 50 U.S.C. app. 2411(c), and its unauthorized disclosure is prohibited by law.
3. TYPE OF REQUEST A. <input type="checkbox"/> ADD A NEW CONSIGNEE B. <input type="checkbox"/> CHANGE AN EXISTING CONSIGNEE C. <input type="checkbox"/> DELETE A CONSIGNEE		
4. ULTIMATE CONSIGNEE ADDRESS LINE 1 ADDRESS LINE 2 CITY POSTAL CODE COUNTRY CONSIGNEE NUMBER		5. SCL HOLDER ADDRESS LINE 1 ADDRESS LINE 2 CITY ZIP CODE STATE SCL CASE NUMBER
6. DESCRIPTION OF ITEMS We expect to use, sell, install, or reexport the following items:		
7. CONSIGNEE'S BUSINESS AND RELATIONSHIP WITH SCL HOLDER NAMED IN BLOCK 5 A. Nature of Business B. Our relationship with the exporter is: C. We have had this business relationship for years. D. Past Sales Volume \$ E. Projected Sales Volume \$		
8. DISPOSITION OR USE OF ITEMS BY ULTIMATE CONSIGNEE NAMED IN BLOCK 4 We certify that the items:		
A. <input type="checkbox"/> Used by us (as capital equipment) in the form in which received in the country named in Block 4 and will not be reexported or incorporated into an end product.		
B. Will be processed or incorporated by us into the following product(s) for distribution in the countries authorized on the attached BXA-752-A.		
C. Will be used to service the following commodities in the countries authorized on the attached BXA-752-A.		
D. Will be resold by us in the form in which received in the country named in Block 4 for use or consumption therein. The specific end-use by my customer(s) will be:		
E. <input type="checkbox"/> Will be reexported by us in the form in which received to countries authorized on the attached BXA-752-A.		
F. Other		
9. ADDITIONAL INFORMATION		
CERTIFICATION OF CONSIGNEE We certify that all of the facts contained in this statement are true and correct to the best of our knowledge and belief and we do not know of any additional facts which are inconsistent with the above statement. We shall promptly send a supplemental statement to the SCL Holder named in Block 5, disclosing any change of facts or intentions set forth in this statement which occurs after the statement has been prepared and forwarded, except as specifically authorized by the U.S. Export Administration Regulations (15 CFR Parts 730-774). We (a) will not use, reexport, sell, distribute, install or otherwise dispose of any items covered by this statement contrary to U.S. Export Administration Regulations; and (b) will not sell or otherwise dispose of any of these items to any person or firm listed on the Bureau of Export Administration Denied Persons List or where there is reason to believe that the items will be reexported to destinations or activities not authorized by the Bureau of Export Administration.		
10. SIGNATURE OF OFFICIAL OF ULTIMATE CONSIGNEE		DATE SIGNED
NAME OF OFFICIAL OF ULTIMATE CONSIGNEE		TITLE OF PERSON SIGNING THIS DOCUMENT
REQUEST AND CERTIFICATION OF SCL HOLDER We request that the firm named in Block 4 be approved as an ultimate consignee to whom we may export items, under the Special Comprehensive License Case Number specified in Block 5. We understand that all undertakings, commitments, obligations, and responsibilities under the special comprehensive licensing procedure, and the Export Administration Regulations related thereto, are fully applicable to any export to the above mentioned ultimate consignee if this form is validated by the Bureau of Export Administration. No corrections, additions, or alterations were made on this form by us after the form was signed by the official named in Block 10 above. We certify that we will not export or otherwise dispose of any items covered by the Special Comprehensive License to the ultimate consignee named in Block 4, until this form has been validated or after it has expired or been revoked.		
SIGNATURE OF PERSON AUTHORIZED TO CERTIFY FOR SCL HOLDER		NAME OF PERSON SIGNING THIS DOCUMENT
NAME OF SCL HOLDER FIRM		TITLE OF PERSON SIGNING THIS DOCUMENT DATE SIGNED
We acknowledge that the making of any false statements or concealment of any material fact in connection with this statement may result in imprisonment or fine, or both and denial, in whole or in part, of participation in U.S. exports and reexports.		
X	X	ORIGINAL F

USCOMM-DC 98-24022

G <small>FORM BXA-752-A FORM APPROVED: OMB NO. 0694-0089</small>	U.S. DEPARTMENT OF COMMERCE Bureau of Export Administration	DATE RECEIVED (Leave Blank)			
REEXPORT TERRITORIES					
1. APPLICATION CONTROL NUMBER <small>(Insert from BXA-748P)</small>	2. SCL LICENSE NUMBER	3. CONSIGNEE NUMBER			
4. CONTINUATION OF BXA-752 QUESTION NUMBER: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> 8B <input type="checkbox"/> 8C <input type="checkbox"/> 8E <input type="checkbox"/> 8F </div>					
<input type="checkbox"/> AFGHANISTAN <input type="checkbox"/> ALBANIA <input type="checkbox"/> ALGERIA <input type="checkbox"/> ANDORRA <input type="checkbox"/> ANGOLA <input type="checkbox"/> ANTIGUA & BARBUDA <input type="checkbox"/> ARGENTINA <input type="checkbox"/> ARMENIA <input type="checkbox"/> AUSTRALIA <input type="checkbox"/> AUSTRIA <input type="checkbox"/> AZERBAIJAN <input type="checkbox"/> BAHAMAS, THE <input type="checkbox"/> BAHRAIN <input type="checkbox"/> BANGLADESH <input type="checkbox"/> BARBADOS <input type="checkbox"/> BELARUS <input type="checkbox"/> BELGIUM <input type="checkbox"/> BELIZE <input type="checkbox"/> BENIN <input type="checkbox"/> BHUTAN <input type="checkbox"/> BOLIVIA <input type="checkbox"/> BOSNIA & HERZEGOVINA <input type="checkbox"/> BOTSWANA <input type="checkbox"/> BRAZIL <input type="checkbox"/> BRUNEI <input type="checkbox"/> BULGARIA <input type="checkbox"/> BURKINA FASO <input type="checkbox"/> BURMA <input type="checkbox"/> BURUNDI <input type="checkbox"/> CAMBODIA <input type="checkbox"/> CAMEROON	<input type="checkbox"/> CANADA <input type="checkbox"/> CAPE VERDE <input type="checkbox"/> CENTRAL AFRICAN REPUBLIC <input type="checkbox"/> CHAD <input type="checkbox"/> CHILE <input type="checkbox"/> CHINA (PRC) <input type="checkbox"/> COLOMBIA <input type="checkbox"/> COMOROS <input type="checkbox"/> CONGO <input type="checkbox"/> COSTA RICA <input type="checkbox"/> COTE d'IVOIRE <input type="checkbox"/> CROATIA <input type="checkbox"/> CYPRUS <input type="checkbox"/> CZECH REPUBLIC <input type="checkbox"/> DENMARK <input type="checkbox"/> DJIBOUTI <input type="checkbox"/> DOMINICA <input type="checkbox"/> DOMINICAN REPUBLIC <input type="checkbox"/> ECUADOR <input type="checkbox"/> EGYPT <input type="checkbox"/> EL SALVADOR <input type="checkbox"/> EQUATORIAL GUINEA <input type="checkbox"/> ERITREA <input type="checkbox"/> ESTONIA <input type="checkbox"/> ETHIOPIA <input type="checkbox"/> FIJI <input type="checkbox"/> FINLAND <input type="checkbox"/> FRANCE <input type="checkbox"/> GABON <input type="checkbox"/> GAMBIA, THE <input type="checkbox"/> GEORGIA	<input type="checkbox"/> GERMANY <input type="checkbox"/> GHANA <input type="checkbox"/> GREECE <input type="checkbox"/> GRENADA <input type="checkbox"/> GUATEMALA <input type="checkbox"/> GUINEA <input type="checkbox"/> GUINEA-BISSAU <input type="checkbox"/> GUYANA <input type="checkbox"/> HAITI <input type="checkbox"/> HONDURAS <input type="checkbox"/> HONG KONG <input type="checkbox"/> HUNGARY <input type="checkbox"/> ICELAND <input type="checkbox"/> INDIA <input type="checkbox"/> INDONESIA <input type="checkbox"/> IRELAND <input type="checkbox"/> ISRAEL <input type="checkbox"/> ITALY <input type="checkbox"/> JAMAICA <input type="checkbox"/> JAPAN <input type="checkbox"/> JORDAN <input type="checkbox"/> KAZAKHSTAN <input type="checkbox"/> KENYA <input type="checkbox"/> KIRIBATI <input type="checkbox"/> KOREA, SOUTH <input type="checkbox"/> KUWAIT <input type="checkbox"/> KYRGYZSTAN <input type="checkbox"/> LAOS <input type="checkbox"/> LATVIA <input type="checkbox"/> LEBANON <input type="checkbox"/> LESOTHO	<input type="checkbox"/> LIBERIA <input type="checkbox"/> LIECHTENSTEIN <input type="checkbox"/> LITHUANIA <input type="checkbox"/> LUXEMBOURG <input type="checkbox"/> FYROM (MACEDONIA) <input type="checkbox"/> MADAGASCAR <input type="checkbox"/> MALAWI <input type="checkbox"/> MALAYSIA <input type="checkbox"/> MALDIVES <input type="checkbox"/> MALI <input type="checkbox"/> MALTA <input type="checkbox"/> MARSHALL ISLANDS <input type="checkbox"/> MAURITANIA <input type="checkbox"/> MAURITIUS <input type="checkbox"/> MEXICO <input type="checkbox"/> MICRONESIA <input type="checkbox"/> MOLDOVA <input type="checkbox"/> MONACO <input type="checkbox"/> MONGOLIA <input type="checkbox"/> MOROCCO <input type="checkbox"/> MOZAMBIQUE <input type="checkbox"/> NAMIBIA <input type="checkbox"/> NAURU <input type="checkbox"/> NEPAL <input type="checkbox"/> NETHERLANDS <input type="checkbox"/> NEW ZEALAND <input type="checkbox"/> NICARAGUA <input type="checkbox"/> NIGER <input type="checkbox"/> NIGERIA <input type="checkbox"/> NORWAY <input type="checkbox"/> OMAN	<input type="checkbox"/> PAKISTAN <input type="checkbox"/> PALAU <input type="checkbox"/> PANAMA <input type="checkbox"/> PAPUA NEW GUINEA <input type="checkbox"/> PARAGUAY <input type="checkbox"/> PERU <input type="checkbox"/> PHILIPPINES <input type="checkbox"/> POLAND <input type="checkbox"/> PORTUGAL <input type="checkbox"/> QATAR <input type="checkbox"/> ROMANIA <input type="checkbox"/> RUSSIA <input type="checkbox"/> RWANDA <input type="checkbox"/> ST KITTS & NEVIS <input type="checkbox"/> ST. LUCIA <input type="checkbox"/> ST. VINCENT & GRENADINES <input type="checkbox"/> SAN MARINO <input type="checkbox"/> SAO TOME & PRINCIPE <input type="checkbox"/> SAUDI ARABIA <input type="checkbox"/> SENEGAL <input type="checkbox"/> SEYCHELLES <input type="checkbox"/> SIERRA LEONE <input type="checkbox"/> SINGAPORE <input type="checkbox"/> SLOVAKIA <input type="checkbox"/> SLOVENIA <input type="checkbox"/> SOLOMON ISLANDS <input type="checkbox"/> SOMALIA <input type="checkbox"/> SOUTH AFRICA <input type="checkbox"/> SPAIN <input type="checkbox"/> SRI LANKA <input type="checkbox"/> SURINAM	<input type="checkbox"/> SWAZILAND <input type="checkbox"/> SWEDEN <input type="checkbox"/> SWITZERLAND <input type="checkbox"/> TAIWAN <input type="checkbox"/> TAJIKISTAN <input type="checkbox"/> TANZANIA <input type="checkbox"/> THAILAND <input type="checkbox"/> TOGO <input type="checkbox"/> TONGA <input type="checkbox"/> TRINIDAD & TOBAGO <input type="checkbox"/> TUNISIA <input type="checkbox"/> TURKEY <input type="checkbox"/> TURKMENISTAN <input type="checkbox"/> TUVALU <input type="checkbox"/> UGANDA <input type="checkbox"/> UKRAINE <input type="checkbox"/> UNITED ARAB EMIRATES <input type="checkbox"/> UNITED KINGDOM <input type="checkbox"/> URUGUAY <input type="checkbox"/> UZBEKISTAN <input type="checkbox"/> VANUATU <input type="checkbox"/> VATICAN CITY <input type="checkbox"/> VENEZUELA <input type="checkbox"/> VIETNAM <input type="checkbox"/> WESTERN SAHARA <input type="checkbox"/> WESTERN SAMOA <input type="checkbox"/> YEMEN <input type="checkbox"/> ZAIRE <input type="checkbox"/> ZAMBIA <input type="checkbox"/> ZIMBABWE
<input type="checkbox"/> OTHER SPECIFY:	<input type="checkbox"/> OTHER SPECIFY:	<input type="checkbox"/> OTHER SPECIFY:			
X	X	ORIGINAL G			

Form Approved OMB No. 0694-0012

U.S. DEPARTMENT OF COMMERCE
BUREAU OF EXPORT ADMINISTRATION

THIS SPACE FOR BXA USE

**REPORT OF REQUEST FOR RESTRICTIVE TRADE PRACTICE OR BOYCOTT
MULTIPLE TRANSACTIONS (Sheet No. 1)**
(For reporting requests described in 769 of the Export Administration Regulations)

NOTICE OF RIGHT TO PROTECT CERTAIN INFORMATION FROM DISCLOSURE.
The Export Administration Act permits you to protect from public disclosure information regarding the quantity, description, and value of the commodities or technical data supplied in Item 9 of this report and in any accompanying documents. *If you do not claim this protection, all of the information in your report and in accompanying documents will be made available for public inspection and copying.* You can obtain this protection by certifying, in Item 5 of the report, that disclosure of the information regarding the quantity, description and value of the commodities or technical data referred to above would place a United States company or individual involved in the report at a competitive disadvantage. If you make such a certification in Item 5, you may remove information regarding the quantity, description, and value of the commodities or technical data supplied by you from Item 9 of the public inspection copy of the report form and from the public inspection copies of the accompanying documents. The withholding of this information will be honored by the Department unless the Secretary determines that disclosure of the information would not place a United States company or individual at a competitive disadvantage or that it would be contrary to the national interest to withhold the information.

INSTRUCTIONS: 1. This form may not include a transaction report that is filed late, nor indicate a decision on request other than those coded in Item 4 below. 2. This form may be used to report on behalf of another United States person if all transactions apply to the person identified in Item 2, but may not be considered as a dual report on behalf of both persons identified in Item 1a and Item 2. 3. Limit each report to 75 transactions or less. 4. Attach as many continuation sheets as needed. Enter sheet number and name of reporting firm on each continuation sheet (starting with Sheet No 2). 5. List each transaction across the continuation sheet, completing all items that apply. Use as many lines as necessary but separate transactions with a blank space or line. 6. Assemble original report form and accompanying documents as a unit, and submit intact and unaltered. 7. Assemble and submit the duplicate copy of report form (marked Duplicate (Public Inspection Copy)) and additional copies of accompanying documents (marked with the legend "Public Inspection Copy"). 4. If you certify, in Item 5, that the disclosure of the information specified there would cause competitive disadvantage, edit the "Public Inspection Copy" of the documents submitted to exclude the specified information and remove the right hand portion of the Duplicate (Public Inspection Copy) of the continuation sheet(s) relating to Column 9. **MULTIPLE TRANSACTIONS:** Public reporting for this collection of information is estimated to average one hour per reported request, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Office of Security and Management Support, Bureau of Export Administration, U.S. Department of Commerce, Washington, D.C. 20230; and to the Office of Management and Budget, Paperwork Reduction Project (0694-0012), Washington, D.C. 20503.

1a. Identify firm submitting this report:

Name: _____
Address: _____
City, State and ZIP: _____
Country (if other than USA): _____
Telephone: _____
Firm Identification No. (if known): _____

1b. Check any applicable box:

Specify firm type:
☐ Exporter
☐ Bank
☐ Forwarder
☐ Carrier
☐ Insurer
☐ Other

2. If you are authorized to report and are reporting on behalf of another U.S. person, identify that person (e.g., domestic subsidiary, controlled foreign subsidiary, exporter, beneficiary):

Name: _____
Address: _____
City, State and ZIP: _____
Country (if other than USA): _____
Type of firm: (see list in Item 1a) _____

3. REQUESTING DOCUMENT CODES (use to code Column 6 of continuation sheet)

C Request for carrier for blacklist certificate (submit two copies of blacklist certificate or transcript of request)
 U Unwritten, not otherwise provided for (make transcript of request and submit two copies)
 L Letter of credit
 R Requisition/purchase order/accepted contract/shipping instruction
 B Bill of lading/propose/advance opportunity
 Q Questionnaire (not related to a particular dollar value transaction)
 9 Other written

Submit two copies of each document or relevant page in which the request appears.

4. DECISION ON REQUEST CODES (use to code Column 7 of continuation sheet)

R Have not taken and will not take the action requested
 T Have taken or will take the action requested

5. Protection of Certain Information from Disclosure: (Check appropriate boxes and sign below)

☐ I (we) certify that disclosure to the public of the information regarding quantity, description, and value of the commodities or technical data contained in:
☐ Column 9 of the attached continuation sheets (if you check this box, be sure to remove column 9 from the Duplicate (Public Inspection Copy)) of the continuation sheets.
☐ Attached documents (if you check this box, be sure to edit the "Public Inspection Copy" of the documents submitted to exclude the specified information.) would place a United States person involved at a competitive disadvantage, and I (we) request that it be kept confidential.
☐ I (we) authorize public release of all information contained in the report and in any attached documents.
 I (we) certify that all statements and information contained in this report are true and correct to the best of my (our) knowledge and belief.

Sign here in Ink _____ Date _____
Type or print _____

U.S. DEPARTMENT OF COMMERCE
BUREAU OF EXPORT ADMINISTRATION

ORIGINAL - Submit to Office of Antiboycott Compliance, BXA, Room 6099C, U.S. Department of Commerce, Washington, D.C. 20230

USCOMMA-DC 95-24176

Column		SHEET NO.		Form BXA-605 (P-B) (Rev. 10-89)		U.S. DEPARTMENT OF COMMERCE Bureau of Export Administration		
(6) Also enter firm identification number assigned to exporting firm, if known. (7) Use codes found on Sheet No. 1 to specify type(s) of document conveying the request. (8) Enter reporting firm's reference number (e.g., letter of credit, customer order, invoice). This number must appear on corresponding copy of document or relevant page. Attach copies in same order as listed on continuation sheet(s).		REPORTING FIRM (Name)		REPORT OF REQUEST FOR RESTRICTIVE TRADE PRACTICE OR BOYCOTT MULTIPLE TRANSACTIONS (Continuation Sheet)				
RSN SUBJECT RTP/CLASS OTHER PARTY FIN	NAME AND ADDRESS OF EXPORTING FIRM INVOLVED (unless same as item 1a or item 2 on Sheet No. 1)	BOYCOTTED COUNTRY	BOYCOTTED COUNTRY OR COUNTRIES	DATE REQUEST RECEIVED BY FIRM (month/day/year)	REQUEST- ING DOCUMENT CODE	DECISION IN REQUEST	YOUR REFERENCE NUMBER	COMMODITIES OR TECHNICAL DATA (description, quality, and value to the nearest whole dollar)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
THIS SPACE FOR BXA USE								
Remove stub from public inspection copy at perforation if confidentiality is requested in Sheet No. 1)								

USCOM/DC 90-24000

OMB No. _____

Custom File No.	
District	Port of Exportation
Country from -	Country to -
Pier No.	

1. Exporting carrier	2. From (U.S. Customs port of exportation)	3. Date filed
4. Exporter (Actual shipper or agent)	Address: (Number, street, place, state)	
5. For account of (Principal or seller)	Address: (Number, street, place, state)	
6. Consignee (Ultimate consignee)	Address: (Place, country)	
7. Foreign port of unloading	8. Final foreign destination (Country)	
9. U.S. port of arrival	10. From (Country from which last shipped)	
11. Date of arrival into the United States		

[illegible]

18. I certify that the above statement is correct and true to the best of my knowledge and belief in all particulars.

Exporter.

¹ If gross weight is not available for each Schedule B item listed in column (14) included in one or more packages, insert the approximate gross weight for each Schedule B item. The total of these estimated weights should equal the actual weight of the entire package or packages.

² Insert the appropriate export license number on the line below the description of each item.

U.S. DEPARTMENT OF COMMERCE — U.S. CENSUS BUREAU — Economics and Statistics Administration — BUREAU OF EXPORT ADMINISTRATION				
FORM 7525-V (7-25-2000)			SHIPPER'S EXPORT DECLARATION	
			OMB No. 0607-0152	
1a. U.S. PRINCIPAL PARTY IN INTEREST (USPPI) (Complete name and address)			2. DATE OF EXPORTATION	
ZIP CODE			3. TRANSPORTATION REFERENCE NO.	
b. USPPI EIN (IRS) OR ID NO.		c. PARTIES TO TRANSACTION Related <input type="checkbox"/> Non-related <input type="checkbox"/>		
4a. ULTIMATE CONSIGNEE (Complete name and address)				
b. INTERMEDIATE CONSIGNEE (Complete name and address)				
5. FORWARDING AGENT (Complete name and address)			6. POINT (STATE) OF ORIGIN OR FTZ NO.	
			7. COUNTRY OF ULTIMATE DESTINATION	
8. LOADING PIER (Vessel only)		9. METHOD OF TRANSPORTATION (Specify)		14. CARRIER IDENTIFICATION CODE
10. EXPORTING CARRIER		11. PORT OF EXPORT		15. SHIPMENT REFERENCE NO.
12. PORT OF UNLOADING (Vessel and air only)		13. CONTAINERIZED (Vessel only) Yes <input type="checkbox"/> No <input type="checkbox"/>		16. ENTRY NUMBER
				17. HAZARDOUS MATERIALS Yes <input type="checkbox"/> No <input type="checkbox"/>
				18. IN BOND CODE
				19. ROUTED EXPORT TRANSACTION Yes <input type="checkbox"/> No <input type="checkbox"/>
20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24)				
D/F or M (21)	SCHEDULE B NUMBER (22)	QUANTITY - SCHEDULE B UNIT(S) (23)	SHIPPING WEIGHT (Kilograms) (24)	VIN/PRODUCT NUMBER/ VEHICLE TITLE NUMBER (25)
				VALUE (U.S. dollars, omit cents) (Selling price or cost if not sold) (26)
27. LICENSE NO./LICENSE EXCEPTION SYMBOL/AUTHORIZATION			28. ECCN (When required)	
29. Duly authorized officer or employee			The USPPI authorizes the forwarder named above to act as forwarding agent for export control and customs purposes.	
30. I certify that all statements made and all information contained herein are true and correct and that I have read and understand the instructions for preparation of this document, set forth in the "Correct Way to Fill Out the Shipper's Export Declaration." I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false or fraudulent statements herein, failing to provide the requested information or for violation of U.S. laws on exportation (13 U.S.C. Sec. 305; 22 U.S.C. Sec. 401; 18 U.S.C. Sec. 1001; 50 U.S.C. App. 2410).				
Signature			Confidential - For use solely for official purposes authorized by the Secretary of Commerce (13 U.S.C. 301 (g)).	
Title			Export shipments are subject to inspection by U.S. Customs Service and/or Office of Export Enforcement.	
Date			31. AUTHENTICATION (When required)	
Telephone No. (Include Area Code)			E-mail address	

This form may be printed by private parties provided it conforms to the official form. For sale by the Superintendent of Documents, Government Printing Office, Washington, DC 20402, and local Customs District Directors. The "Correct Way to Fill Out the Shipper's Export Declaration" is available from the U.S. Census Bureau, Washington, DC 20233.

U.S. DEPARTMENT OF COMMERCE — U.S. CENSUS BUREAU — Economics and Statistics Administration — BUREAU OF EXPORT ADMINISTRATION

FORM **7525-V** CONTINUATION SHEET (7-25-2000) **CONTINUATION SHEET TO SHIPPER'S EXPORT DECLARATION** OMB No. 0607-0152

9. METHOD OF TRANSPORTATION (Specify)				Page _____ of _____ pages	
11. PORT OF EXPORT					
7. COUNTRY OF ULTIMATE DESTINATION					
20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24)					
D/F or M. (21)	SCHEDULE B NUMBER (22)	QUANTITY - SCHEDULE B UNIT(S) (23)	SHIPPING WEIGHT (Kilograms) (24)	VIN/PRODUCT NUMBER/ VEHICLE TITLE NUMBER (25)	VALUE (U.S. dollars, omit cents) (Selling price or cost if not sold) (26)
27. LICENSE NO./LICENSE EXCEPTION SYMBOL/AUTHORIZATION				28. ECCN (When required)	
For use solely for official purposes authorized by the Secretary of Commerce (13 U.S.C. 301(g))				This form may be printed by private parties provided it conforms to the official form. For sale by the Superintendent of Documents, Government Printing Office, Washington, DC 20402, and local Customs District Directors. The "Correct Way to Fill Out the Shipper's Export Declaration" is available from the U.S. Census Bureau, Washington, DC 20233.	

DO NOT USE THIS AREA

POWER-OF-ATTORNEY FORMS

POWER OF ATTORNEY—DESIGNATION OF FORWARDING AGENT	
Know all men by these presents, That.....	(Name of exporter)
organized and doing business under the laws of the State of	
and having an office and place of business at	
hereby authorizes.....	(Forwarding agent)
of	
from this day forward to act as its forwarding agent for export control and customs purposes	
IN WITNESS WHEREOF, the said exporter has caused these presents to be sealed and signed	
by its.....	(Owner, partner, or, if corp., Pres., Vice-Pres., Sec'y, Treas. or other duly authorized officer or employee)
City of	State of this day of 19.....
	(Exporter)
[SEAL] By.....	Title.....

Sample form showing text of acceptable power-of-attorney form designating forwarding agent

POWER OF ATTORNEY TO EXECUTE SHIPPER'S EXPORT DECLARATIONS	
Know all men by these presents, That.....	(Name of exporter or forwarding agent)
organized and doing business under the laws of the State of	
and having an office and place of business at	
hereby designates the following officers or employees of the exporter or forwarding agent named above	
.....	
as true and lawful agents of the exporter or forwarding agent named above for and in the name, place and stead of said exporter or forwarding agent from this day forward and in no other name, to make, endorse, sign, declare, or swear to any shipper's export declaration required by law or regulation in connection with the exportation of any commodity shipped, consigned or forwarded by said exporter or forwarding agent and to perform any act or condition which may be required or authorized by any law or regulation relating to export control and customs purposes.	
IN WITNESS WHEREOF, the said exporter or forwarding agent has caused these presents to be sealed and signed by its.....	
	(Owner, partner, or, if corp., Pres., Vice-Pres., Sec'y, Treas. or other duly authorized officer or employee)
City of	State of this day of 19.....
	<input type="checkbox"/> Exporter or
	<input type="checkbox"/> Forwarding agent
[SEAL] By.....	Title.....

Sample form showing text of acceptable power-of-attorney form authorizing execution of Shipper's Export Declaration

